



Attorney's Docket No.: ENP-019

#10  
Campbell  
4/09/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Or et al.

Art Unit : 1653

Serial No. : 09/800,856

Examiner : Samuel W. Liu

Filed : March 5, 2001

Title : CYCLOSPORINS FOR THE TREATMENT OF RESPIRATORY DISEASES

Commissioner for Patents  
Washington, D.C. 20231

RESPONSE TO OFFICE ACTION DATED DECEMBER 31, 2002

In response to the Office Action dated December 31, 2002, (the "Action"), please amend the application as indicated on the following pages. Applicants submit that all claims are in condition for allowance.

No fee is believed to be due. Please apply any charges to Deposit Account No. 50-2010 referencing attorney docket number ENP-019.

Respectfully submitted,

Date: March 26, 2003

Enanta Pharmaceuticals, Inc.  
Attn: Patent Dept.  
500 Arsenal Street  
Watertown, MA 02472

20629943.doc

Jason D. Ferrone  
Reg. No. 52,887

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1653



PTO/SB/21 (08-00)  
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<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>	Application Number	09/800,856	
	Filing Date	03/05/2001	
	First Named Inventor	Yat Sun Or	
	Group Art Unit	1653	
	Examiner Name	Samuel W. Lui	
Total Number of Pages in This Submission	15	Attorney Docket Number	ENP-019

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):  <div style="text-align: center;"> <h2>RECEIVED</h2> <p>APR 03 2003</p> </div>
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jason D. Ferrone Reg. No. 52,887
Signature	
Date	03/26/2003

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Typed or printed name	Stacie S. Capotosto
Signature	Date <span style="border: 1px solid black; padding: 2px;">3/26/03</span>

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